

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number _____ (if known)			

14-31188-HLW

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets  
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B..... \$ 0

1b. Copy line 62, Total personal property, from Schedule A/B..... \$ 29,480

1c. Copy line 63, Total of all property on Schedule A/B ..... \$ 29,480

#### Part 2: Summarize Your Liabilities

Your liabilities  
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D .....

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F .....

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F .....

\$ 1,681,500  
1,423,148  
AZ 1,410,736

+ \$ 0

Your total liabilities

\$ 3,092,236

3,104,648

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I .....

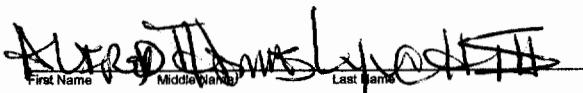
\$ 4,750

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J .....

\$ 3,746

Debtor 1



First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**

\$ 4,938

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 1,410,736

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0

9g. Total. Add lines 9a through 9f.

\$ 1,410,736

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?** No. Go to Part 2. Yes. Where is the property?1.1. Street address, if available, or other description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
\_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

If you own or have more than one, list here:

1.2. Street address, if available, or other description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
\_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

1.3.

Street address, if available, or other description

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property? Check all that apply.**

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.****Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this is community property (see instructions)****Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ \_\_\_\_\_

**Part 2: Describe Your Vehicles****Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1. Make: FORDModel: EXCURSIONYear: 2000Approximate mileage: 230,000

Other information:

--

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**\$ 5,000 \$ 5,000

If you own or have more than one, describe here:

3.2. Make: FORDModel: EXPEDITIONYear: 2004Approximate mileage: 145,000

Other information:

--

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**\$ 6,000 \$ 6,000

Debtor 1

Alfred Thomas  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

--

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

--

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes4.1. Make: Forod  
 Model: C CLASS RV  
 Year: 1988

Other information:

--

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$1,500 \$1,500

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

--

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$12,500

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....

general home furnishings

\$ 10,000 =

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

3 TV's, 1 computer, cell phones, electronic games

\$ 2,500 =

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....

guitars + tools

\$ 2,500 =

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....

•22 cal rifle

\$ 100 =

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

everyday clothes

\$ 1,000 =

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

\$ \_\_\_\_\_

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

1 dog

\$ ♂

**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information. ....

\$ \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

→

\$ 16,100 =

Debtor 1

Alphonse Thomas Lynch III

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes .....

Cash: .....

\$ 80.5**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes .....

Institution name:

17.1. Checking account:

US Bank\$ 400 =

17.2. Checking account:

Inspirus\$ 400.5

17.3. Savings account:

\_\_\_\_\_

\$ \_\_\_\_\_

17.4. Savings account:

\_\_\_\_\_

\$ \_\_\_\_\_

17.5. Certificates of deposit:

\_\_\_\_\_

\$ \_\_\_\_\_

17.6. Other financial account:

\_\_\_\_\_

\$ \_\_\_\_\_

17.7. Other financial account:

\_\_\_\_\_

\$ \_\_\_\_\_

17.8. Other financial account:

\_\_\_\_\_

\$ \_\_\_\_\_

17.9. Other financial account:

\_\_\_\_\_

\$ \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes .....

Institution or issuer name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

0% %

\$ \_\_\_\_\_

0% %

\$ \_\_\_\_\_

0% %

\$ \_\_\_\_\_

Debtor 1 First Name

Middle Name

Last Name

*Robert Thomas Wootl III*

Case number (if known) \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_ \$ \_\_\_\_\_  
Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_  
IRA: \_\_\_\_\_ \$ \_\_\_\_\_  
Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_  
Keogh: \_\_\_\_\_ \$ \_\_\_\_\_  
Additional account: \_\_\_\_\_ \$ \_\_\_\_\_  
Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes .....

Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_  
Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_  
Security deposit on rental unit: \_\_\_\_\_ \$ \_\_\_\_\_  
Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_  
Telephone: \_\_\_\_\_ \$ \_\_\_\_\_  
Water: \_\_\_\_\_ \$ \_\_\_\_\_  
Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes .....

Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1

*Dwight Dennis Lyle III*

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes .....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them....

_____	\$ _____
-------	----------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____
-------

Federal: \$ \_\_\_\_\_  
State: \$ \_\_\_\_\_  
Local: \$ \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

_____
-------

Alimony: \$ \_\_\_\_\_  
Maintenance: \$ \_\_\_\_\_  
Support: \$ \_\_\_\_\_  
Divorce settlement: \$ \_\_\_\_\_  
Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

_____	\$ _____
-------	----------

Debtor 1

~~Alfred Thomas Lyle St~~

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company  
of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

\$	_____
\$	_____
\$	_____

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

\$	_____
----	-------

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim. ....

\$	_____
----	-------

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim. ....

\$	_____
----	-------

**35. Any financial assets you did not already list**

No

Yes. Give specific information.....

\$	_____
----	-------

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached**

for Part 4. Write that number here .....



\$ 8805

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

Current value of the  
portion you own?

Do not deduct secured claims  
or exemptions.

**38. Accounts receivable or commissions you already earned**

No

Yes. Describe.....

\$	_____
----	-------

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

\$	_____
----	-------

Debtor 1 Aaron J. Hensley III

First Name

Middle Name

Last Name

Case number (if known)

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

\$ \_\_\_\_\_

41. Inventory

No

Yes. Describe.....

\$ \_\_\_\_\_

42. Interests in partnerships or joint ventures

No

Yes. Describe..... Name of entity:

% of ownership:

\_\_\_\_\_ % \$ \_\_\_\_\_  
\_\_\_\_\_ % \$ \_\_\_\_\_  
\_\_\_\_\_ % \$ \_\_\_\_\_

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

\$ \_\_\_\_\_

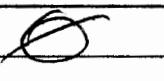
44. Any business-related property you did not already list

No

Yes. Give specific information .....

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$ 

Part 6:

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.  
 Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1

*Alfred Thomas*  
First Name

Middle Name

Last Name

Case number (if known)

**48. Crops—either growing or harvested**

No  
 Yes. Give specific information.....

\$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

No  
 Yes.....

\$ \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

No  
 Yes.....

\$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

No  
 Yes. Give specific information.....

\$ \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** → \$ *0*

**Part 7: Describe All Property You Own or Have an Interest In That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**54. Add the dollar value of all of your entries from Part 7. Write that number here** → \$ *0*

**Part 8: List the Totals of Each Part of this Form**

**55. Part 1: Total real estate, line 2**

→ \$ *0*

**56. Part 2: Total vehicles, line 5**

\$ *12,500* =

**57. Part 3: Total personal and household items, line 15**

\$ *16,100* =

**58. Part 4: Total financial assets, line 36**

\$ *880* =

**59. Part 5: Total business-related property, line 45**

\$ *0*

**60. Part 6: Total farm- and fishing-related property, line 52**

\$ *0*

**61. Part 7: Total other property not listed, line 54**

+\$ *0*

**62. Total personal property. Add lines 56 through 61.**

\$ *29,480*

Copy personal property total → +\$ *29,480*

**63. Total of all property on Schedule A/B. Add line 55 + line 62.**

\$ *29,480*

Fill in this information to identify your case:

Debtor 1	First Name <u>ALFRED</u>	Middle Name <u>Thomas</u>	Last Name <u>Lynch</u>
Debtor 2 (Spouse, if filing)	First Name <u>Taylita</u>	Middle Name <u>Diane</u>	Last Name <u>Lynch</u>
United States Bankruptcy Court for the: _____ District of: _____			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) NO  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) N/A

N/A

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	---	-----------------------------------	------------------------------------

Brief description: N/A \$ \_\_\_\_\_

Check only one box for each exemption.

\$ \_\_\_\_\_  
 100% of fair market value, up to  
any applicable statutory limit

Line from  
*Schedule A/B*: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

100% of fair market value, up to  
any applicable statutory limit

Line from  
*Schedule A/B*: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

100% of fair market value, up to  
any applicable statutory limit

Line from  
*Schedule A/B*: \_\_\_\_\_

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No  
 Yes

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 US BANK

Creditor's Name  
8950 Cypress Waters  
Number Street

Coppell, TX 75019  
PO Box 650783 Dallas Tx  
City State ZIP Code  
75265-0783

Describe the property that secures the claim:

single family home  
BLD Loan # 060611105685

Column A      Column B      Column C

Amount of claim  
Do not deduct the value of collateral.

Value of collateral that supports this claim

Unsecured portion if any

\$1,400,000 = \$ 80,000 \$ 0

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 2006

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

2.2 LINDA FALLER

Creditor's Name  
14951 W. Winged  
Foot COURT  
Number Street

Surprise, AZ 85374  
City State ZIP Code

Describe the property that secures the claim:

single family residence  
for rent

\$160,000 \$ 80,000 \$ 0

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 2006

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number N/A

\$1,560,000

Add the dollar value of your entries in Column A on this page. Write that number here:

Dwight Homes by wife

## Part 1:

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

LINDA Fuller

Creditor's Name

14951 W. WINGED FOOT CIR.  
Number Street

Describe the property that secures the claim:

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
\$ 115,000	\$ 80,000	\$

Surprise, AZ 85374  
City State ZIP Code

2nd MORT Lien

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

## Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 2006Last 4 digits of account number N/A

WHISKI JACK RESORTS Describe the property that secures the claim: \$ 6,522 \$ 1,500 \$

Creditor's Name

107-2011 Innsbruck Dr.  
Number Street

Whistler, BC, Canada  
City State ZIP Code

TIMESHARE CONDO

- MAINTENANCE DUES &amp; TAXES

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

## Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 1991Last 4 digits of account number N/A

Creditor's Name

Number Street

City State ZIP Code

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

## Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 125,500

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ 1,688,500

Fill in this information to identify your case:

Debtor 1	First Name	Alfred	Middle Name	Thomas	Last Name	Lynch
Debtor 2	(Spouse, if filing) First Name	Faylin	Middle Name	Dianne	Last Name	Lynch
United States Bankruptcy Court for the:				District of _____		
Case number (if known)						

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

##### 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1	IRS	5863	\$27,449 <sup>00</sup>	
	Priority Creditor's Name	Last 4 digits of account number	\$27,449 <sup>00</sup>	
	825 JADWIN AVE	When was the debt incurred?	2009	
	Number Street			
	STE 205			
	CITY	STATE	ZIP CODE	
	RICHLAND	WA	99352	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	<input type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were		
	<input type="checkbox"/> Yes	intoxicated		
2.2	IRS	5863	\$971 <sup>00</sup>	
	Priority Creditor's Name	Last 4 digits of account number	\$971 <sup>00</sup>	
	Number Street	When was the debt incurred?	2014	
	SAME			
	City	State	ZIP Code	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	<input type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were		
	<input type="checkbox"/> Yes	intoxicated		

Y3  
27

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

IRS  
Priority Creditor's Name

Last 4 digits of account number 5 8 6 3 \$1,341,000 \$1,341,000

Number Street  
SAME

When was the debt incurred? 2006

As of the date you file, the claim is: Check off that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

IRS  
Priority Creditor's Name

Last 4 digits of account number 5 8 6 3 \$41,316 - \$41,316 \$\_\_\_\_\_

Number Street  
SAME

When was the debt incurred? 2007

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

IRS  
Priority Creditor's Name

Last 4 digits of account number 5 8 6 3 \$12,412 \$12,412 \$\_\_\_\_\_

Number Street  
SAME

When was the debt incurred? 2009/2010

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

## Part 4:

## Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
 Add the amounts for each type of unsecured claim.

Total claims from Part 1

## 6a. Domestic support obligations

6a. \$ 0

## 6b. Taxes and certain other debts you owe the government

6b. \$ 1,410,736 A2 1,423,148

## 6c. Claims for death or personal injury while you were intoxicated

6c. \$ 06d. Other. Add all other priority unsecured claims.  
 Write that amount here.6d. + \$ 0

## 6e. Total. Add lines 6a through 6d.

6e. A2  
\$ 1,410,736 1,423,148

## Total claim

Total claims from Part 2

## 6f. Student loans

6f. \$ 0

## 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0

## 6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 06i. Other. Add all other nonpriority unsecured claims.  
 Write that amount here.6i. + \$ 0

## 6j. Total. Add lines 6f through 6i.

6j. \$ 0

Fill in this information to identify your case:

Debtor	<u>Alfred</u>	<u>Thomas</u>	<u>Lynch</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	<u>Twilla</u>	<u>Dianne</u>	<u>Lynch</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of _____		
Case number (if known)	_____		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.2

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.3

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.4

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.5

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>A/FIRE) THOMAS</u>	<u>Lynch III</u>	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Twylla DIANNE</u>	<u>Lynch</u>	
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_  
(If known)

Check if this is an  
amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? Washington. Fill in the name and current address of that person.

Twylla Lynch  
Name of your spouse, former spouse, or legal equivalent  
1311 Crusher Canyon Rd  
Number Street  
Selah WA 98942  
City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 ALFRED THOMAS Lynch III  
First Name Middle Name Last Name  
Debtor 2 Twylla Dianne lynch  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_  
(If known)

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed  
 Not employed

Employed  
 Not employed

Occupation

part time school bus driver

medical biller

Employer's name

Mackes School District

Bestr Practices

Employer's address

24 Shafer Ave

5 Sixth 14th Ave

Number Street

Number Street

Naches, WA 98937

Yakima, WA 98902

City State ZIP Code

City State ZIP Code

How long employed there?

2 yrs

2 yrs

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$1338

\$3,400

3. Estimate and list monthly overtime pay.

3. + \$0

+ \$0

4. Calculate gross income. Add line 2 + line 3.

4. \$1338

\$3,400

Debtor 1

Alfred Thomas

First Name

Middle Name

Lynch

Last Name

Case number (if known)

## For Debtor 1

For Debtor 2 or  
non-filing spouse

Copy line 4 here..... → 4. \$ 1338-

\$ 3,400-

## 5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions  
 5b. Mandatory contributions for retirement plans  
 5c. Voluntary contributions for retirement plans  
 5d. Required repayments of retirement fund loans  
 5e. Insurance  
 5f. Domestic support obligations  
 5g. Union dues

5a.	\$ 85 =	\$ 98 =
5b.	\$ 0	\$ 0
5c.	\$ 0	\$ 0
5d.	\$ 0	\$ 0
5e.	\$ 0	\$ 0
5f.	\$ 0	\$ 0
5g.	\$ 0	\$ 0
5h.	+ \$ 0	+ \$ 5 =

5h. Other deductions. Specify: Labor & Industries

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ 85 =

\$ 103 =
\$ 3,297 =

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,253 =

## 8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a.	\$ 0	\$ 0
8b.	\$ 0	\$ 0

8b. Interest and dividends

8c.	\$ 0	\$ 0
8d.	\$ 0	\$ 0

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8e.	\$ 0	\$ 0
8f.	\$ 0	\$ 0

8d. Unemployment compensation

8e. Social Security

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f.	\$ 0	\$ 0
8g.	\$ 0	\$ 0

8g. Pension or retirement income

8h.	+ \$ 200 =	+ \$ 0
9.	\$ 200 -	\$ 0

8h. Other monthly income. Specify: general labor

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ 1,453 =	+ \$ 3,297 = \$ 4,750 =
-----	------------	-------------------------

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. + \$ 0

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12. \$ 4,750

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

Anticipate reduced bus driving opps with new driver hires

Fill in this information to identify your case:

Debtor 1 Alfredo Thomas Lynch Jr  
First Name Middle Name Last Name

Debtor 2 Wylla Dianne Lynch  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_  
(If known)

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and  
Debtor 2.

No

Yes. Fill out this information for  
each dependent.....

Do not state the dependents'  
names.

Dependent's relationship to  
Debtor 1 or Debtor 2

Son

Dependent's  
age

10

Does dependent live  
with you?

No  
 Yes

No  
 Yes

No  
 Yes

No  
 Yes

No  
 Yes

3. Do your expenses include  
expenses of people other than  
yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

Your expenses

4. \$ 250

4a. \$ —

4b. \$ —

4c. \$ —

4d. \$ —

5. Additional mortgage payments for your residence, such as home equity loans

**Your expenses**

5. \$ N/A

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 70-

6b. Water, sewer, garbage collection

6b. \$ 8-

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 150-

6d. Other. Specify: \_\_\_\_\_

6d. \$ -

7. Food and housekeeping supplies

7. \$ 200-

8. Childcare and children's education costs

8. \$ 180-

9. Clothing, laundry, and dry cleaning

9. \$ 25-

10. Personal care products and services

10. \$ 25-

11. Medical and dental expenses

11. \$ -

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 200-

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 25-

14. Charitable contributions and religious donations

14. \$ 10-

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. \$ 185-

15a. Life insurance

15b. \$ -

15b. Health insurance

15c. \$ 80-

15c. Vehicle insurance

15d. \$ -

15d. Other insurance. Specify: \_\_\_\_\_

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ -

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ -

17b. Car payments for Vehicle 2

17b. \$ -

17c. Other. Specify: \_\_\_\_\_

17c. \$ -

17d. Other. Specify: \_\_\_\_\_

17d. \$ -

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ N/A

19. Other payments you make to support others who do not live with you.

Specify: \_\_\_\_\_

19. \$ N/A

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$ -

20b. Real estate taxes

20b. \$ -

20c. Property, homeowner's, or renter's insurance

20c. \$ -

20d. Maintenance, repair, and upkeep expenses

20d. \$ -

20e. Homeowner's association or condominium dues

20e. \$ -

Debtor 1  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

21. Other. Specify: CAR TABS

21. +\$ 80-

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a.	\$ <u>1,488-</u>
22b.	\$ <u>2,258-</u>
22c.	\$ <u>3,746</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23a.	\$ <u>4,750-</u>
23b.	- \$ <u>3,746</u>
23c.	\$ <u>1,004</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here: increase in utility costs, home fuel, school/tuition cost of living expenses.

Fill in this information to identify your case:

Debtor 1	Alfred	Thomas	Hynch
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Twiggit	Dianne	Hynch
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	_____	District of	_____
Case number (if known)	_____		

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J-2

### Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Do you and Debtor 1 maintain separate households?

No. Do not complete this form.  
 Yes

##### 2. Do you have dependents?

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Do not state the dependents' names.

<input type="checkbox"/> No	Dependent's relationship to Debtor 2:	Dependent's age	Does dependent live with you?
<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Son	10	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

##### 3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?

No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses	
4.	\$ 850 <sup>-</sup>
4a.	\$ 8
4b.	\$ 8
4c.	\$ 8
4d.	\$ 8

Debtor 1

Alfred Thomas Lynch

First Name      Middle Name      Last Name

Case number (if known) \_\_\_\_\_

5. Additional mortgage payments for your residence, such as home equity loans

Your expenses

---

5. \$ —

## 6. Utilities:

6a. Electricity, heat, natural gas  
 6b. Water, sewer, garbage collection  
 6c. Telephone, cell phone, Internet, satellite, and cable services  
 6d. Other. Specify: \_\_\_\_\_

6a. \$ 140 —  
 6b. \$ 8 —  
 6c. \$ 380 —  
 6d. \$ —

## 7. Food and housekeeping supplies

7. \$ 500 —

## 8. Childcare and children's education costs

8. \$ 180 —

## 9. Clothing, laundry, and dry cleaning

9. \$ 100 —

## 10. Personal care products and services

10. \$ 75 —

## 11. Medical and dental expenses

11. \$ —

## 12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ 300 —

Do not include car payments.

## 13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 50 —

## 14. Charitable contributions and religious donations

14. \$ 80 —

## 15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance \$ 35 —  
 15b. Health insurance \$ 20 —  
 15c. Vehicle insurance \$ 80 —  
 15d. Other insurance. Specify: \$ —

## 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ 45 —

## 17. Installment or lease payments:

17a. Car payments for Vehicle 1 \$ —  
 17b. Car payments for Vehicle 2 \$ —  
 17c. Other. Specify: \$ —  
 17d. Other. Specify: \$ —

## 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ N/A

## 19. Other payments you make to support others who do not live with you.

Specify: \_\_\_\_\_

19. \$ N/A

## 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property \$ N/A  
 20b. Real estate taxes \$ —  
 20c. Property, homeowner's, or renter's insurance \$ —  
 20d. Maintenance, repair, and upkeep expenses \$ —  
 20e. Homeowner's association or condominium dues \$ —

Debtor 1

Alfredo Thomas Lynch

First Name

Middle Name

Last Name

Case number (if known)

21. Other. Specify: VERT, CAR TABS, WORK CLOTHES,  
child sport events, gifts

22. Your monthly expenses. Add lines 5 through 21.

The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

21. +\$ 265 =

22. \$ 2,258 =

23. Line not used on this form.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here: RISING utility, home fuel, School tuition, food, cost of living expenses.

Fill in this information to identify your case:

Debtor 1	First Name <u>ALFRED</u>	Middle Name <u>THOMAS</u>	Last Name <u>Lynch III</u>
Debtor 2 (Spouse, if filing)	First Name <u>Twylla</u>	Middle Name <u>Diane</u>	Last Name <u>Lynch</u>

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number  
(If known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Al T. Lynch  
Signature of Debtor 1

Date 5/25/2018  
MM / DD / YYYY

Diane Lynch  
Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY